MARYLAND STATE DEPARTMENT OF HEALTH

09812

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head; STATE MARYLAND; LENGTH OF STAY (In this place) 38 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1036 E. Potomac.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head; STREET ADDRESS (If rural, give location) 1036 E. Potomac.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Norman (Last) Brawner

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 17, 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Charles County Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Carr Norman

14. MOTHER'S MAIDEN NAME: Zelda Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ruth Norman Brawner Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, primary Liver — Interval between onset and death: 4 mos

155 X Antecedent cause(s)

46 F Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1957, to Oct 4, 1957, that I last saw the deceased alive on Oct 4, 1957, and that death occurred at 12 30p m., from the causes and on the date stated above.

SIGNATURE Grant G. Susan M.D. (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 10-4-57.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10-6-57 | NAME OF CEMETERY OR CREMATORY Durham Episcopal | LOCATION (City, town, or county) Ironsides, Md (State)

DATE REC'D BY LOCAL REG. 10-5-57 | REGISTRAR'S SIGNATURE M. L. Hoard

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. _____ DATE _____

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09813

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Augustus (Middle) (Last) Brooks

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1951

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Yr 1891

9. AGE last birthday 61 (60) yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Tenant

11. BIRTHPLACE (State or foreign country) Aquasco Md

12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME Augustus Brooks

14. MOTHER'S MAIDEN NAME Clarice Baddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Beatrice E. Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Oct 13, 1951, 19....., that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lewis Hill Rector MD Aquasco Md 10/13/51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE 10-17-51 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REG. 10-16-51 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf

100105 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Permission obtained from Coroner (Mr Vanhatta) to issue Certificate

RECEIVED
OCT 17 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09814

CORECTED CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rual Waldorf, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Guy R. Ferguson

4. DATE OF DEATH (Month) (Day) (Year) 19: October 14 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 4 1934
9. AGE last birthday: 17 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendent
10b. KIND OF BUSINESS OR INDUSTRY: Naval Powder Factory
11. BIRTHPLACE (State or foreign country): Madison Co. N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Pierson Ferguson
14. MOTHER'S MAIDEN NAME: Mae Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Pierson Ferguson Luck, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broken neck	10-14-51
825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170 C	(c) auto accident	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 10-14-51 4 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from 10 19 to 4-5 19, that I last saw the deceased alive on ....., 19....., and that death occurred at 4 a.m. from the causes and on the date stated above.

SIGNATURE: R. Adelen (Degree or title) M.D. ADDRESS: Lad Plata Md DATE SIGNED: 10-22-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/17/51
NAME OF CEMETERY OR CREMATORY: Woody Cemetery
LOCATION (City, town, or county) (State): Madison County, N.C.

DATE REC'D BY LOCAL REG.: 10-23-51
REGISTRAR'S SIGNATURE: M. S. Monroe
24. FUNERAL DIRECTOR: Huntt & Ryan, Waldorf, Md. ADDRESS

770 916

RECEIVED
OCT 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09815

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waysides Md | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waysides Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Wesley	Hawkins	10	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Negro		April 8-1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm	Guard	Charles Co	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Hawkins	Matilda Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Ruth Hawkins wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Disease

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dropsy

95a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3- , 1951, to Oct 3 , 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. L. Hughes	Waysides Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-6-51	Mt Rest	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-6-51	M. L. Mowers	Hunt & Flynn	Waldorf Md

100105

RECEIVED
OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09816

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (In this place) 6 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Violet (Middle) M. (Last) Hicks

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH 5-16-85

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) U.S.A

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A Burroughs

14. MOTHER'S MAIDEN NAME Lettie W. Jarboe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Levi Hicks Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10-30-51

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Edelen M.D. (Degree or title) ADDRESS La Plata, Md DATE SIGNED 10-31-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 11-2-51 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 11-1-51 REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 2 1951
BUREAU V. S.

Corrected Copy

MARYLAND STATE DEPARTMENT OF HEALTH

09817

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH· COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mason Springs — LENGTH OF STAY (In this place): 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mason Springs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (P.O. Marbury)	STREET ADDRESS (If rural, give location): (P.O. Marbury)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) (Last) Pannell			4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1957	
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH	9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Arthur Pannell Marbury, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X Immediate cause (a) Gunshot Wound Left Chest Anteriorly — 1 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Level 4th rib Emerging anteriorly right chest

166 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home	(CITY OR TOWN) Mason Springs (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 29 1957 6P m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Shot by 22 gauge rifle by Husband (Arthur Pannell)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Susan	M.D.	Indian Head, Md	10-30-57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FRANK A. SUSAN, M.D.
5 INDIAN HEAD AVENUE
INDIAN HEAD, MD.

10-30-51

Bureau of Vital Statistics
Baltimore. Md.

Gentlemen.

I am enclosing corrected copy of death certificate in case of Rose Pannell Norbury. Md who I saw as attending Medical Examiner, 10/29/51. first in the cab of a truck in which she died. On basis of further examination at undertaking establishment in Washington, DC located in occipital bone was ascertained and is incorporated in corrected copy.

Delay in sending this report has been partly due to trying to find right procedure.

Very truly yours,

Frank A Susan M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09818

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRIETTA (Middle) (Last) ROBERTS

4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1951

5. SEX f

6. COLOR OR RACE US-W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Dec. 27, 1877

9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary

10b. KIND OF BUSINESS OR INDUSTRY Law office

11. BIRTHPLACE (State or foreign country) Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hubert Roberts

14. MOTHER'S MAIDEN NAME Lilla Louise Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Charles Levering, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	10 min.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile deterioration.	2 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12 Octob. 1949, to 5 Oct, 1951, that I last saw the deceased alive on 5 Oct, 1951, and that death occurred at 10:58 EST p.m., from the causes and on the date stated above.

SIGNATURE A. Woodley (Degree or title) MD. ADDRESS La Plata - Md. DATE SIGNED 5 Oct 51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/8/51
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 10/8/51
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

350 879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1951
BUREAU V. S.

09819

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 15 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hughesville

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville
STREET ADDRESS (If rural, give location): Charlotte Hall, P.O.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Settler
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1951

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 10-9-51
9. AGE last birthday: yrs. — If under 1 year: Months / Days 4 — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: TANNY Settler
14. MOTHER'S MAIDEN NAME: AGNES PLATER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: TANNY Settler Charlotte Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diarrhoea	10-12-51
764.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	10-13-51
119a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): MD ADDRESS: La Plata Md DATE SIGNED: 10-14-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/14/51 — NAME OF CEMETERY OR CREMATORY: ~~Fam~~ Methodist — LOCATION (City, town, or county) (State): Benedict, Md

DATE REC'D BY LOCAL REG.: 10/14/51 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Tanny Settler, Charlotte Hall, Md — ADDRESS:

9V 0091990 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

Willis Posey

RECEIVED
JUN 17 1951

MARYLAND STATE DEPARTMENT OF HEALTH

09820

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Psyc Man Lab Plata Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Oliver	Simms	10	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	Negro		10/19/1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper	U.S. Navy Yd	Bryantown Md	U.S

13. FATHER'S NAME: Oscar Simms
14. MOTHER'S MAIDEN NAME: Viola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No		Viola Simms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

163x Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1951, to 10/5, 1951, that I last saw the deceased alive on 10/4, 1951, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard F. Daly, M.D.		La Plata	10/5/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/9/51	St Marys	Bryantown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/51	Julia H Posey	Smith & Lyon	

97046

RECEIVED
OCT 10 1951
BUREAU V. S.

09821

106

105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Charles. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
LENGTH OF STAY (In this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: W Va. COUNTY: Boone
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Danville W Va.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Molly	Snell		10	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	10-16-71	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	Self	West Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Reuben Davis	Sarah Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Emma Reere. Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 hrs.
420.1 Antecedent cause(s)	(b) Arterial Sclerosis	Indefinite
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1951, to 10-24, 1951, that I last saw the deceased alive on 10-24, 1951, and that death occurred at 1230 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Andrews	Indian Head Md		10-24-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/26/51	Robert Martin	Rural Shinston West Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-51	Mrs. Odey Price	Hamilton & Ryon	Waldorf Md

RECEIVED
OCT 25 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09822

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Maxwell (Last) Swann
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6-[illegible]-50
9. AGE last birthday 1 yrs. If under 1 year: Months 3, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pagah Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Spencer Swann
14. MOTHER'S MAIDEN NAME Pearl Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Spencer Swann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diarrhoe	10-14-51
571.0 Antecedent cause(s)		
119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1951, to 10-17, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 12 20 A.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) R.D. ADDRESS La Plata Md. DATE SIGNED 10-17-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/17/51
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel Alton Md

DATE REC'D BY LOCAL REG. 10/17/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Spencer Swann, Port Tobacco, Md. ADDRESS

RECEIVED
OCT 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09823

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Vernon (Middle) L. (Last) Wills

4. DATE OF DEATH (Month) October (Day) 22, (Year) 1951

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Mar. 14, 1886

9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman

10b. KIND OF BUSINESS OR INDUSTRY Saw Mill

11. BIRTHPLACE (State or foreign country) Tomsbrook, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Wills

14. MOTHER'S MAIDEN NAME Fannie Spiggle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hagerstown, Md. Harold F. Wills, 17 Virginia Avenue,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	10-17-51
420.1 Antecedent cause(s)	(b) Coronary Occlusion	5-12-51
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1944, to 10-22, 1951, that I last saw the deceased alive on 10-22, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 10-23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-24-51
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 10/24/51
REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

970 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1951
BUREAU V. S.